

the medical evidence did not appear to be useful. We believe that it is worth while for all centres to recognize that the "legal" part of the medicolegal examination may be minimally important in court, that lawyers and judges must be educated to make optimal use of the available medicolegal evidence and that better tracking is required to determine outcomes of the legal process for victims and their alleged assailants.

We would be interested in obtaining data from other clinician researchers.

**Carol P. Herbert, MD, FCFP**  
Head  
Department of Family Practice  
University of British Columbia  
**Ellen R. Wiebe, MD, FCFP**  
Co-director  
Sexual Assault Assessment Service  
University Hospital  
Vancouver, BC

## Palpation of the uterine scar after vaginal delivery

**A** controversial protocol for all vaginal deliveries after cesarean section approved recently at one of our major teaching hospitals was palpation of the uterine scar after the birth, regardless of whether the woman was unanesthetized. A departmental discussion of the protocol revealed that its main purpose was to determine the presence of a "window" sufficiently open to pose a risk for subsequent pregnancies. Recommendations for a subjectively large dehiscence (of undetermined size) varied from immediate surgery to advising the woman to have an elective cesarean section in any subsequent pregnancy.

From a scientific point of view this protocol makes several unsubstantiated assumptions. It suggests that any dehiscence occurs in the latter part of labour. Also, it assumes that healing would not occur during the postpartum involutional phase. Yet the window might have been

present throughout the latter part of the pregnancy and have been unaffected by labour and delivery, or it could have occurred during labour and healed in the postpartum period.

At medical school we were taught to avoid questionable invasive acts. Insertion of a hand into an unanesthetized woman's sensitive vagina after an uncomplicated delivery and palpation of her lower uterine segment is certainly invasive and seems particularly offensive — "unusual and cruel punishment" in the words of one obstetrician. The proffered wisdom is that it doesn't take much time and is really not that painful according to the majority of male obstetricians. When questioned about this, most physicians do not even ask permission to perform this examination, nor do they ask their patient afterwards about the pain associated with it. At best it is assumed that the woman won't mind! It is probably thought that the joy of having given birth and having avoided a cesarean section will compensate for the pain of a little extra manipulation of her internal organs.

Because it lacks any scientific basis and unnecessarily violates our patients' bodies this practice should be discontinued.

**Gerd Schneider, MD**  
202-474 Holland Ave.  
Ottawa, Ont.

## Chelation therapy and Uncle John

**T**he article by Dr. Robert Patterson (*Can Med Assoc J* 1989; 140: 829-831) points out the difficulty that physicians have in researching non-conventional forms of therapy. Unfortunately, as Patterson indicates, hundreds of thousands of patients in the United States and Canada undergo chelation therapy and other forms of "alternative care", the overwhelming majority of which are based on an-

ecdotal evidence reported in sources that are often difficult to locate.

One useful source of information, however, is the National Council Against Health Fraud, Inc., Box 1276, Loma Linda, CA 92354, USA. This organization reports regularly through its newsletter on a variety of fraudulent or questionable health care schemes and practices.

**Lawrence K. Harris, MD, FRCPC**  
Department of Cardiology  
Community General Hospital  
145 North Sixth St.  
Reading, Pennsylvania

## "Quackbusting"

**D**r. Brian Goldman's article "American crusader brings message about health care fraud to Canada" (*Can Med Assoc J* 1989; 140: 1189-1191) and sidebar "Quackery in Canada" (*ibid*: 1191) deserve some strong comment.

I do not dispute most of the points made by Dr. Victor Herbert (the "crusader") concerning mail-order nutrition consultant diplomas and the need to dispense unbiased information to the public on nutrition therapy. However, in his debunking of various treatments, Herbert made statements that are questionable, misleading or false.

For example, Herbert's contention that "of course our food is safe" flies in the face of hundreds, if not thousands, of studies that point out the dangers of chemicals in our everyday diet. Has Herbert never heard of the association between asthma and sulfites? Between monosodium glutamate and Chinese restaurant syndrome? Between nitrates and bowel cancer? Between aluminum or lead contamination and neurologic disorders? And what of the US Center for Disease Control's report last year that 38% of all chickens sold in the United States are contaminated with *Salmonella*? The Canadian Cancer Society, among many other prevention-minded groups,

recommends that we avoid foods containing chemical additives. Why would it recommend this if our food is so safe? Goldman's article presents absolutely no evidence to support the accuracy of Herbert's views.

Herbert's attacks on fibre were also unbalanced. Herbert gave his audience all the negatives, but where were his comments on such things as the proven benefit of oat bran in lowering the blood cholesterol level? If fibre is so bad, why is Metamucil so effective in the treatment of irritable bowel syndrome, and why is practically every senior citizen in a nursing home taking this preparation? Does Herbert dare to suggest that this is quackery?

And what of his unsubstantiated attack on the benefit of acetylsalicylic acid in preventing heart attacks? Wrong again, Victor. I know of very few cardiologists or vascular surgeons that do not recommend this agent for most of their patients with angina or a previous myocardial infarction. Are all these specialists

quacks too? Perhaps Herbert was right when he said that "the [College of Physicians and Surgeons of Ontario] is much too conservative in disciplining people who do this sort of thing".

I could go on, but by far the most inaccurate statement Herbert made was that the term "holistic medicine" has been confiscated by "promoters of questionable schemes". He didn't even define holistic medicine properly and then stated that holistic medicine is taught in medical school. How can a scientific journal print such false information?

For the benefit of readers who do not know the correct definition of holistic medicine I will quote a few lines from the Canadian Holistic Medical Association's information brochure:

Holistic medicine is a system of health care which fosters a cooperative relationship among all those involved leading toward optimal attunement of the physical, mental, emotional, social and spiritual aspects of health. Holistic medicine

emphasizes the necessity of looking at the whole person including analysis of physical, nutritional, environmental, emotional, social, spiritual and lifestyle values. Holistic medicine encompasses all safe modalities of diagnosis and treatment including drugs and surgery (if no safe and effective alternative exists). Holistic medicine focuses on education and responsibility for personal efforts to achieve balance and well-being.

On Apr. 8, 1989, the University of Toronto School of Continuing Studies held a 1-day symposium on holistic medicine at which the definition of holistic medicine was expanded thus:

Furthermore, the physical, mechanistic treatment perspective is extended to encourage a more humanistic interaction between therapist and patient, and to promote the use of mental and spiritual modalities of treatment.

Clearly these definitions are a far cry from what Herbert purports holistic medicine to represent. The sponsors of Herbert's Canadian visit (the Ontario Allergy Society, the Ontario Medical

Association and the American Academy of Allergy) owe Canadian holistic physicians an apology for Herbert's appearance in Toronto. Let's hope that *CMAJ* dispenses with Herbert dogma in future issues and provides more balanced coverage of "scientific" conferences.

Zoltan P. Rona, MD, MSc  
President  
Canadian Holistic Medical Association  
Toronto, Ont.

Nutrition promoters are painting regular medical colleagues as ignorant, out-of-date puppets of the drug companies and conditioning the public to the concepts of "vegetable good, meat bad" and "natural good, medical bad".

I have always found it difficult to understand the eagerness with which otherwise responsible talk show hosts pander to these hucksters, giving them unopposed air time. I recall one session in which a dean of a naturopathic school was asked in the inevitable phone-in portion how he would treat peptic ulcer. He said he would "get that mucus out of there". Later he waxed philosophical on the meaning of the word "diagnosis", which he said was derived from "di", meaning two, and "agnos" meaning ignorant, so that "diagnosis" meant that two people were ignorant!

Speaking of naturopaths, who now abound, is it not peculiar that a primary contact group with full laboratory privileges sees no ethical conflict in retailing food supplements to their patients? Equally, how can provincial governments permit such practices? I have known patients who spend up to \$140 per month for supposedly necessary and superior products, such as rose hips instead of ascorbic acid.

It seems that there is a willing customer for everything that is dished out in the health care field, and this characteristic crosses all societal groups. As surely as motherhood and apple pie, people seem strongly attracted to promises to "rid the body of poisons" or "build up the tissue

resistance". More "quackbusters" like Dr. Herbert are needed. We can never outsmart the quack, but we are not doing enough to spread educational material.

Gordon E. Potter, MB, BS  
5838 Cambie St.  
Vancouver, BC

## "Farm scene"

**T**he farm scene featured on the cover of the Apr. 1, 1989, issue of *CMAJ* evoked some memories for me, especially since the date was my 70th birthday. As a youth I spent many hours in the metal seat of the side rake behind the team on my uncle's farm.

I questioned the date of the photograph, 1974, as I wouldn't have thought that any southern Ontario farm would harvest hay by that method. Then I thought that the farm might be in the Mennonite or Amish area near Waterloo or Perth county, as the horses appear to be in good health, and the side rake, although an antique, is obviously operational. The odds are about even that it was either a Massey-Harris or a McCormack-Deering. Against the farm's belonging to someone of either sect is that the barn or drive shed is not up to their standard (the roof sags). Also, the harness on the horses is not first rate, and there is a blue, not black, pick-up truck. In favour, there are no utility wires visible, but I believe I can see a pole in the background. Inventions of the devil! The apple tree could stand some pruning. The hay crop is no better than adequate.

One might suspect that this farm is the domain of a matriarch. Note the disparity between the quality of the house and the outbuildings, a sure indicator of who is boss. That situation does not exist in the Mennonite community.

Certainly the scene is quite appropriate for the cover of a Canadian journal as it represents a reasonably typical aspect of our

national heritage — family farming.

J.J. Quinlan, MD  
54 Brant Ave.  
Brantford, Ont.

*[The photographer responds:]*

The photograph was indeed taken in 1974 and shows a Mennonite farm along the highway leading north from St. Jacobs, near Kitchener.

As a Mennonite I can assure Dr. Quinlan that there are all varieties of Mennonites. To be certain, one would not expect those farming with horses to have a truck, let alone a blue one. It may have belonged to a visiting "fallen" relative. As to the repair of the buildings and the condition of the trees, I am afraid that not all Mennonites live up to Quinlan's high view of how they look after their property.

Matriarchy may not be the typical Mennonite family structure, but there are always exceptions, as when a widow is left to run a farm or when there are no male heirs and the daughters keep up the farm, usually with some hired help, who quite naturally might not keep a place in as good repair as if they owned it.

I thank Quinlan for his interest in the picture and send him a belated birthday greeting.

Lorne Brandt, MD, CCFP  
2206 College Ave.  
Brandon, Man.

## Mixed falciparum and vivax malaria in Canadian travellers

**M**ost patients with malaria are infected with only one *Plasmodium* species. Between July 1987 and July 1988 we treated 33 patients with falciparum malaria; *P. vivax* malaria subsequently developed in 3 in the absence of further exposure to malaria.

The three Canadian patients had travelled to India, Thailand